

LOUISIANA DEPARTMENT OF LABOR

ELIGIBILITY REVIEW_____
Print Your Name_____
Your Social Security Number

To maintain your eligibility requirements for unemployment insurance benefits, a review of your work search record is required. When instructed, you must complete the items below and mail this form to your local Job Center office at the address provided to you when you filed your claim. If you are an Interstate claimant (you do not reside in Louisiana), mail this form to Louisiana Department of Labor, Interstate-CWC-Federal Unit, Room 386, P. O. Box 94094, Baton Rouge, LA, 70804-9094. **This form is semi-interactive and may be filled out online, then printed and mailed.** Failure to return this form could result in your being disqualified for benefits. Do not telephone your local Job Center office.

Answer the following questions:

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| 1. Are you attending any school or training program now? If so, list the name of the school and the course of study: | Yes | No |
| 2. Is there any reason why you cannot look for a job or accept one now? (Such as a lack of transportation, a physical disability, pregnancy, childcare problems, etc.) | Yes | No |
| 3. Are you working full-time, part-time, in self-employment, on a commission basis, in operating a farm or as an elected official, etc? | Yes | No |
| 4. Do you have a definite prospect of employment? (In other words, have you been given a date to begin work by a specific employer?) If so, list the name of the employer and the date you will begin working. | Yes | No |

Record of work search or union contacts:

List one job contact you have made in each of the last three (3) weeks:

Date	Name of Company or Name of Union Officer Contacted

Certification: I have answered these questions and provided a record of my work search contacts to obtain unemployment benefits. I know that this information is subject to verification and that the law provides penalties for false statements.

Your Signature: _____	Today's Date: _____
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Please Print Your Mailing Address: _____

Your City, State and Zip Code: _____

Your Telephone Number: _____